

**California Yellow Fever Vaccination Center Designation
Registration Form**

1) Physician State Uniform Stamp Holders

Name : _____

Med. Lic. No. : _____

County : _____

Address : _____

City : _____

Zip : _____

2) Health Department State Uniform Stamp Holders

County : _____

Stamp No. : _____

Address : _____

City : _____

Zip : _____

3) ____ Yes, we request to be designated as a California Yellow Fever Vaccination Center

4) Signature : _____ Date : _____

Return to:
California Department of Health Services
Immunization Branch
850 Marina Bay Parkway, Building P
Richmond, CA 94804
(510) 620-3737